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CONFIRMATION NO. 5232

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|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/772,917 | FILING OR 371(c) DATE 02/05/2004 RULE | CLASS 351 | GROUP ART UNIT 2873 | ATTORNEY DOCKET NO. 63049.001012 |
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APPLICANTS

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**** CONTINUING DATA******* *yes* *yes*

This application is a CIP of 10/626,973 07/25/2003 PAT 6,918,670 which is a CON of 09/602,013 06/23/2000 PAT 6,619,799 which claims benefit of 60/142,053 07/02/1999 and claims benefit of 60/143,626 07/14/1999 and claims benefit of 60/147,813 08/10/1999 and claims benefit of 60/150,545 08/25/1999 and claims benefit of 60/150,564 08/25/1999 and claims benefit of 60/161,363 10/26/1999 This application 10/772,917 claims benefit of 60/446,173 02/06/2003

**** FOREIGN APPLICATIONS******* *no* *yes***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/05/2004

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|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY VA | SHEETS DRAWING 10 | TOTAL CLAIMS 38 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

27682

TITLE

Method and apparatus for correcting vision using an electro-active phoropter

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| FILING FEE RECEIVED 1094 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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